
Pandora's Box: Open it and Pass it on! Victim Advocates can Bring Relief to Busy Physicians

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It is clear that physicians and other healthcare providers are becoming increasingly concerned about the short and long term health effects of domestic violence. Unfortunately, it is equally clear that most battered patients, especially those with no visible injuries, still fail to be properly diagnosed and referred to the abuse experts who can offer them safety and support. Discussing partner abuse with patients is frequently compared with "opening Pandora's Box" and is sometimes avoided by even the most concerned providers due to the time-consuming and complex issues involved. Regular abuse screening with on-the-spot support for identified victims must become routine procedure for physicians.

The well documented, potentially life-threatening effects of ongoing abuse create a responsibility on the part of all physicians to become thoroughly familiar with assessment techniques and with community agencies that can begin helping identified victims before they leave the medical setting. Domestic violence programs offer a variety of specialized services which health care professionals typically cannot provide, such as comprehensive safety planning, protective shelter, restraining order advocacy, group support, supervised child visitations and legal assistance.

In this real world of back-to-back patients and little, if any, formal education on the topic, it is unrealistic and unreasonable to expect physicians to do it all. Nevertheless, it is imperative that individual doctors pursue basic domestic violence training. Physicians can easily learn to routinely assess for signs of psychological, sexual, and physical abuse, to interview victims sensitively, to thoroughly document injuries and symptoms, and to preserve evidence for legal purposes. But the most important role of the health care provider in terms of actual patient safety and support is in making appropriate follow-up referrals.

Contrary to what many physicians may fear, a major time commitment is usually not required to effectively address abuse with a patient and discuss the resources. "Quicker than you can put on a Band-Aid," says physician Anne Flitcraft of the University of Connecticut, "you can acknowledge the violence, you can assert that this is illegal, not her fault, and that a lot of women are in her situation. You can educate her about the community-based resources available to her, and ask 'Are you safe?'".

Lyn Lee, a Hawaii abuse survivor and a social worker, has helped train medical students by sharing her experiences and her professional expertise. "For years I encountered medical professionals who were not informed about the issues that affected my health. More importantly, they did not know how to give me referrals. Doctors seemed reluctant to even discuss abuse. Fortunately, my present physician is very aware of the dynamics of domestic violence and has served as a significant support in my continuing healing process." Survivors routinely report that the best "medicine" ever prescribed for them was a referral to a support group where they met other battered women and were educated on the dynamics of abuse.

Any time abuse is suspected by a health care provider, the patient should be offered the opportunity to speak with a victim advocate. If she agrees, then the Pandora's Box of issues can be turned over to experts who are trained to address each of her multiple safety, support, and legal considerations. Working with abuse victims, whether they are still in a relationship with their abuser or are being stalked or threatened by an ex-partner, is tricky at best. Safety and confidentiality can easily and inadvertently be jeopardized. When this happens, providers may lose the only opportunity they will ever have to help.

Advocates can encourage a patient to confidentially talk at length in an unpressured atmosphere, whereas health care providers are usually limited by time constraints. Because advocates are not mandated to involve the police or others, a victim can also speak freely without fear of retaliation from an abuser who might punish her severely for disclosing. The advocate will help the patient design a comprehensive, personalized safety plan. The victim will learn about her legal rights and what battered women can and cannot expect from the criminal justice system. Finally, her options will be discussed.

On Oahu, a system is available to provide immediate on-the spot crisis counseling for battered women in health care settings. Dr. Lisa Hendrickson, an Emergency Department physician with Kapiolani Medical Center at Pali Momi, has been an ardent supporter of the crisis team. "Sometimes I just don't have time to deal with the cases," she says. "For example, one night just recently I had three battered women show up in one hour. One had been beaten, sexually assaulted, held hostage for 24 hours and had children who had been left at the scene. Another was a sixteen year old whose boyfriend had knocked out some of her teeth for the second time. The third one claimed she had been assaulted by a stranger while jogging at 11:00 pm. She was pregnant. Of course, it was domestic violence. I couldn't possibly handle every detail of cases like these without outside support. Even if I could," she explains, "the victims are much more likely to listen and relate to someone else, especially a

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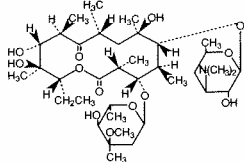
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BENZAMYCIN[®] Topical Gel

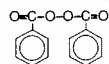
(3% erythromycin, 5% benzoyl peroxide)

Description: Each gram of Benzamycin[®] (erythromycin—benzoyl peroxide) topical gel contains, as dispensed, 30 mg (3%) active erythromycin and 50 mg (5%) benzoyl peroxide in a gel vehicle of purified water, carbomer 940, alcohol 20%, sodium hydroxide, docusate sodium and fragrance.

Erythromycin (C₂₇H₄₇NO₁₃) is produced by a strain of *Streptomyces erythraeus* and belongs to the macrolide group of antibiotics. Erythromycin has a molecular weight of 733.94 and is represented by the following structural formula:



Benzoyl peroxide (C₁₄H₁₀O₄) is an antibacterial and keratolytic agent. The structural formula is:



Clinical Pharmacology: Erythromycin is a bacteriostatic macrolide antibiotic, but may be bactericidal in high concentrations. Although the mechanism by which erythromycin acts in reducing inflammatory lesions of acne vulgaris is unknown, it is presumably due to its antibiotic action. Antagonism has been demonstrated between clindamycin and erythromycin.

Benzoyl peroxide is an antibacterial agent which has been shown to be effective against *Propionibacterium acnes*, an anaerobe found in sebaceous follicles and comedones. The antibacterial action of benzoyl peroxide is believed to be due to the release of active oxygen. Benzoyl peroxide has a keratolytic and desquamative effect which may also contribute to its efficacy.

Benzoyl peroxide has been shown to be absorbed by the skin where it is converted to benzoic acid.

Indications and Usage: Benzamycin Topical Gel is indicated for the topical control of acne vulgaris.

Contraindications: Benzamycin Topical Gel is contraindicated in those patients with a history of hypersensitivity to erythromycin, benzoyl peroxide or any of the other listed ingredients.

Precautions: General—For external use only. Not for ophthalmic use. Avoid contact with eyes and mucous membranes. Concomitant topical acne therapy should be used with caution because a possible cumulative irritancy effect may occur, especially with peeling, desquamating or abrasive agents. If severe irritation develops, discontinue use and institute appropriate therapy.

The use of antibiotic agents may be associated with the overgrowth of antibiotic-resistant organisms. If this occurs, administration of this drug should be discontinued and appropriate measures taken.

Information for Patients—Patients using Benzamycin Topical Gel should receive the following information and instructions:

1. Benzamycin Topical Gel is for external use only. Avoid contact with the eyes and mucous membranes.
2. Patient should not use any other topical acne preparation unless otherwise directed by physician.
3. Benzamycin Topical Gel may bleach hair or colored fabric.
4. If excessive irritation or dryness should occur, patient should discontinue medication and consult physician.
5. Discard product after 3 months and obtain fresh material.

Carcinogenesis, Mutagenesis and Impairment of Fertility: Long-term studies in animals have not been performed to evaluate carcinogenic potential or the effect on fertility.

Pregnancy Category C: Animal reproduction studies have not been conducted with Benzamycin[®] Topical Gel. It is also not known whether Benzamycin Topical Gel can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Benzamycin Topical Gel should be given to a pregnant woman only if clearly needed.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when Benzamycin Topical Gel is administered to a nursing woman.

Pediatric Use: Safety and effectiveness in children below the age of 12 have not been established.

Adverse Reactions: Adverse reactions which may occur include dryness, erythema and pruritus. Of a total of 153 patients treated with Benzamycin Topical Gel during clinical trials, 4 patients experienced adverse reactions, of whom three experienced dryness and one an urticarial reaction which responded well to symptomatic treatment.

Dosage and Administration: Benzamycin Topical Gel should be applied twice daily, morning and evening, or as directed by physician, to affected areas after the skin is thoroughly washed, rinsed with warm water and gently patted dry.

How Supplied and Compounding Directions:

Size (Net Weight)	NDC 0066-	Benzoyl Peroxide Gel	Active Erythromycin Powder (In Plastic Vial)	Ethyl Alcohol (70%) To Be Added
23.3 grams (as dispensed)	0510-23	20 grams	0.8 grams	3 mL
46.6 grams (as dispensed)	0510-46	40 grams	1.6 grams	6 mL

Prior to dispensing, tap vial until all powder flows freely. Add the indicated amount of ethyl alcohol (70%) to vial (to the mark) and immediately shake to completely dissolve erythromycin. Add this solution to gel and stir until homogeneous in appearance (1 to 1½ minutes). Benzamycin Topical Gel should then be stored under refrigeration. Do not freeze. Place a 3-month expiration date on the label.

NOTE: Prior to reconstitution, store at room temperature. After reconstitution, store under refrigeration. Do not freeze. Keep tightly closed. Keep out of the reach of children.

Caution: Federal (U.S.A.) law prohibits dispensing without prescription.

U.S. Patent Nos. 4,387,107 and 4,497,794.

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Reference:

1. Mills OH, Berger RS. A double-blind evaluation of tretinoin alone and in combination with erythromycin/benzoyl peroxide in acne vulgaris. *Cuts*. 1992;49(6A):12-15.
2. Leyden JJ, Shalita AR. Rational therapy for acne vulgaris: An update on topical treatment. *J Am Acad Dermatol*. 1986;15:907-915.
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woman who has been in that position and who really understands what she is going through." **Oahu health care providers who want to access the current crisis team may call a digital pager 549-8462 (CBOP) Community-based outreach program—A crisis intervention service.**

Where on-call counselors are not available or when a patient prefers more anonymity, a simple phone call by the victim to the nearest battered women's shelter or counseling program will initiate the advocacy process. Patients will be offered information, counseling, and support over the telephone, and may afterwards decide to go straight to a shelter. Informative brochures which are available from domestic violence agencies, should be given to each female patient whether abuse is confirmed or denied. For women who cannot safely take a larger pamphlet home, the March of Dimes and the Hawaii Medical Association produce small, easily hidden *help cards* with local Hotline numbers.

Providers in the health care and victim advocacy fields can go a long way towards offering help and hope to abuse victims by working together and coordinating their efforts. Physicians can make their own jobs easier with one call that could mean the difference between life and death for their battered patients.

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